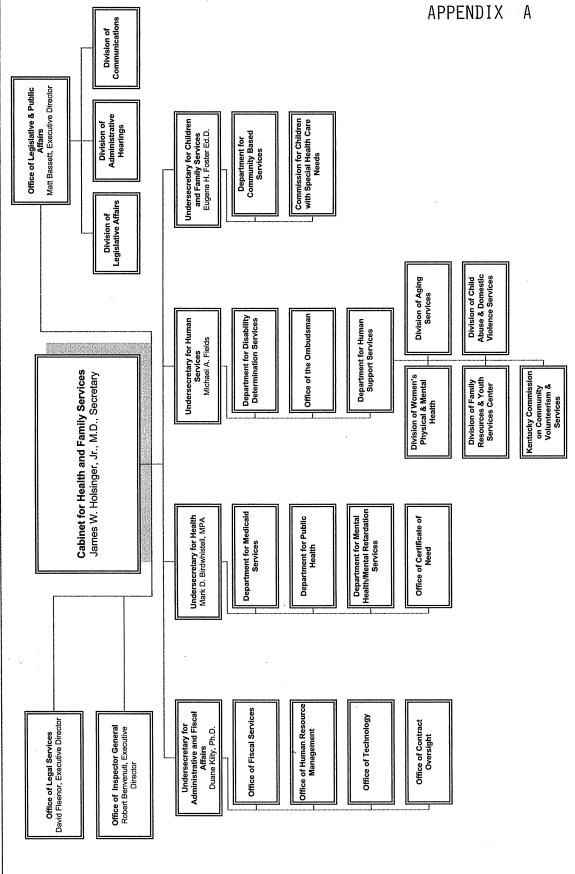


Appendices

Cabinet for Health and Family Services



ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

Cabinet for Health and Family Services Name of Applicant (type or print)	(hereinafter called the "Applicant") HEREBY
seq., and all requirements imposed by or pursuand Human Services (45 CFR Part 80) issued with Title VI of that Act and the Regulation, rof race, color, or national origin, and as addit English proficiency, be excluded from particip subjected to discrimination under any program	of the Civil Rights Act of 1964, 42 USC 2000, et. ant to the Regulation of the Department of Health pursuant to that title, to the end that, in accordance to person in the United States shall, on the ground cional result of national origin are limited in their ation in, be denied the benefits of, or be otherwise am or activity for which the Applicant receives ent; and HEREBY GIVES ASSURANCE THAT it to effectuate this agreement.
assistance extended to the Applicant by the Applicant, or in the case of any transfer of su which the real property or structure is used assistance is extended or for another purpos benefits. If any personal property is so provide	rided or improved with the aid of Federal financial e Department, this assurance shall obligate the ach property, any transferee, for the period during I for a purpose for which the federal financial e involving the provision of similar services or led, this assurance shall obligate the Applicant for possession of the property. In all other cases, this
Federal grants, loans, contracts, property, disconsider the date hereof to the Applicant by the such date on account of applications for Federa such date. The Applicant recognizes and agreextended in reliance on the representations and United States shall have the right to seek judic is binding on the applicant, its successors, training the second se	of and for the purpose of obtaining any and all punts or other Federal financial assistance extended department, including installment payments after al financial assistance which were approved before rees that such Federal financial assistance will be d agreements made in this assurance, and that the cial enforcement of this assurance. This assurance insferees, and assignees, and the person or persons to sign this assurance on behalf of the Applicant. Signature and Title of Authorized Official
Kentucky Cabinet for Health and Family Ser	vices
Applicant (type or print)	
<u>275 East Main Street</u> Street Address	·
<u>Frankfort</u> <u>Kentucky</u> 4062 City State Zi	
——————————————————————————————————————	1

APPENDIX C

DEPARTMENT OF HEALTH AND HUMAN SERVICES ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE REHABILIATION ACT OF 1973, AS AMENDED

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1972, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to 84.5 (a) of the regulation [45 C.F.R. 84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance its extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provide for in 84.5(b) of the regulations [45 C.F.R. 84.5(b)].

The recipient: [Check (a) or (b)]

a. () employs fewer than fifteen persons

b.(X) employs fifteen or more persons and, pursuant to 84.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following persons(s) to coordinate its efforts to comply with this HHS regulation:

Cabinet for Health and Family Services Name of Designee(s) – Type or Print

<u>Division of Aging Services</u> Name of Recipient—Type or Print	275 East Mai Street Address	n Street
50-6350081 (IRS) Employer Identification Number	<u>Frankfort</u> City	·
(502) 564-6930 Area Code – Telephone Number	Kentucky State	40621 Zip
	correct to the best of Authoriz	kuma

KENTUCKY STATE GOVERNMENT ANNUAL MULTIPLE AGENCY CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS FEDERAL FISCAL YEAR 2001 OCTOBER 1, 2001 – SEPTEMBER 30, 2002

Pursuant to Executive Order 96-611 issued by the Governor of the Commonwealth of Kentucky on May 15, 1996, (attached as Appendix A) I, Carol M. Palmore, Secretary, Personnel Cabinet, do hereby certify, on behalf of Kentucky State government, that all of its agencies are in compliance with the Drug-Free Workplace Act of 1988, as implemented by "Government-Wide Requirements for Drug Free Workplace" which appeared in the <u>Federal Register</u> on May 25, 1990 and has:

- I. Published a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition (attached as Appendix B);
- II. Established an ongoing drug-free awareness program to inform employees about:
 - A. The dangers of drug abuse in the workplace;
 - B. The grantee's policy of maintaining a drug-free workplace;
 - C. Available drug counseling, rehabilitations, and employee assistance programs; and
 - D. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- III. Made it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (I);

- IV. Notified employee in the statement required by paragraph (I) that, as a condition of employment under the grant, the employee will:
 - A. Abide by the terms of the statement; and
 - B. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- V. Established a policy which will notify the federal agency in writing, within ten calendar days after receiving notice under subparagraph (IV)(B) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- VI. Established a policy which will take one of the following actions, within 30 calendar days of receiving notice under subparagraph (IV)(B), with respect to any employee who is convicted:
 - A. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - B. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; (See Appendix A);
- VII. Made a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs I through VI.

State Government, Commonwealth of Kentucky

Organization Name

Carol M. Palmore, Secretary, Personnel Cabinet

Name and Title of Authorized Representative

Signature

August 23, 2001

Date

Kentucky Institute for Aging

Pat Dressman, Chair 24 West 4th Street Newport, KY 41071

Margie Charasika 13984 Poplar Lane Louisville, Kentucky 40299 Yvonne W Cook 221 Lake Bluff Lane Scottsville, Kentucky 42164

Martha A Robinson 10419 Shadow Ridge Ln, Apt 102 Louisville, Kentucky 40241 Gerald Lin Jackson 524 South 2nd Street Mayfield, Kentucky 42066

Kim Getz 14511 Deercross Place Louisville, Kentucky 40244 Jeane Robertson 660 Windmill Circle Bowling Green, Kentucky 42104

Lucille Green 800 S 4th Street, Apt 604 Louisville, Kentucky 40203 Bobby J Touchton PO Box 1921 Ashland, Kentucky 41105

Virgil Gilliam P.O. Box 66 Mayfield, Kentucky 42066 Philip A Canton 821 Freeman Lake Road Elizabethtown, Kentucky 42701

KENTUCKY INTRASTATE FUNDING FORMULA REVISED MARCH, 2004

The following is a description of the intrastate funding formula used to allocate Older Americans Act funds in accordance with section 305(a)(2)(c) of the Older Americans Act and 132.37 of the regulations published August 31, 1988, in the Federal Register.

The revised formula was developed by a task force composed of representatives selected by the Institute for Aging, Kentucky Association of District Directors, Kentucky Association of Area Agencies on Aging, and the Department for Social Services. All components of the formula have been updated to include information from the 2000 Census.

DESCRIPTION STATEMENT

The formula reflects both the historical growth of aging programs in Kentucky and past allocation practices. It also contains demographic information in its calculations with a special emphasis on those in greatest social and economic need with particular attention to low-income minority individuals. The intrastate formula reflects the following factors:

- Hold Harmless clause. No Area Agency shall be allotted less than the total amount allotted to the Area Agency for Fiscal Year 1984; and
- All remaining funds will be allotted to the Area Agencies on a formula which is composed of the following demographic factors:
 - 60+ Population 2000 Census
 - 60+ Population living in rural counties 2000 Census
 - 60+ Low Income Population 2000 Census
 - 60+ Low Income Minority Population 2000 Census

In order to give consideration to rural areas and low income minority elderly, they were weighted at 1.05 each. The other two factors were weighted at 1.00 each.

The total of the four demographic categories for the state was then divided into each area total for the same four categories. This resulting percentage determined the portion of funds each area received.



ERNIE FLETCHER
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES DIVISION OF AGING SERVICES 275 EAST MAIN STREET, 5 C-D FRANKFORT, KENTUCKY 40621 (502) 564-6930 (502) 564-4595 FAX WWW.KENTUCKY.GOV

JAMES W. HOLSINGER, JR., M.D. SECRETARY

STATEWIDE NEWS RELEASE

CONTACT: Cindy McCane, 502/564-6930

State Plan On Aging Services Public Hearing Set For July 15

FRANKFORT, KY (July 8, 2004)—A public hearing on the proposed State Plan for Aging Services for federal fiscal years 2005-08 is scheduled for 1 p.m., Thursday, July 15, at the Capitol Annex, Room 125. The Cabinet for Health and Family Services' Division of Aging Services will conduct the hearing.

Subject to approval of the U.S. Administration on Aging, the four-year plan provides for the orderly and systematic expenditure of federal funds for supportive and nutrition services for older persons under provisions of the Older Americans Act of 1965, as amended.

The hearing is a public forum open to all persons interested in the delivery of services and establishment of programs for older persons. Prioritization of services under the State Plan will be given to minorities who have low-income, older individuals residing in rural areas, individuals with disabilities, caregivers, and individuals suffering from Alzheimer's Disease or related disorders. Comments concerning the plan are actively sought from these groups. Individuals wishing to address any aspect of the plan are invited to do so.

A copy of the plan is available for review at each Area Development District office. A copy of the draft plan also may be obtained from the state Division of Aging Services, 275 East Main Street, 5C-D, Frankfort, Kentucky, 40621. Written Comments will be accepted through close of business on July 15.

APPENDIX G

SUMMARY OF HEARING ON THE STATE PLAN FOR AGING SERVICES FOR FEDERAL FISCAL YEARS 2005-2008

Twenty-three persons participated in a public hearing held at 1:00 p.m. (EST) Thursday, July 15 in Room 125 of the Capital Annex in Frankfort. The hearing was advertised in four daily circulation newspapers—the Louisville Courier-Journal, the Lexington Herald Leader, the Cincinnati Enquirer, and the Owensboro Messenger-Inquirer on July 11. In addition, a news release announcing the hearing was distributed statewide by the Cabinet for Health and Family Services Office of Communication.

Among agencies and organizations represented at the hearing were Kentucky Assistive Technology Loan Corporation, Green River Area Agency on Aging, Lincoln Trail Area Agency on Aging, the Kentucky Legislative Research Commission, Kentuckiana Regional Planning and Development Agency and the Cabinets Office of Legal Services.

Copies of the plan were printed and distributed to appropriate agencies and individuals to facilitate their involvement in the review process. Included in the distribution was the mailing of draft copies to the following groups and organizations:

- Institute for Aging (advisory group on aging policy)
- Area Agencies on Aging
- Selected state agency heads
- Selected public and private sector interests

Mr. Bill Cooper, Director of Division of Aging Services greeted everyone and welcomed them to the hearing. Mr. Cooper did a brief power point presentation to highlight the areas of the State Plan. Mr. Cooper opened the floor with any comments or discussions. None were made at that time. He stated that copies are available upon request through the State Division of Aging Services and the fifteen area development districts. Written comments were received from Barbara Gordon, Kentuckiana Regional Planning and Development Agency who addressed some elderly issues. She made these points:

• The challenge of creating a state plan on aging is appreciated and the effort of the Division in preparing this document is commended.

- It is understood that the format for the plan may be prescribed. However, this format is very limiting and hopefully, consideration for changing it for future plans (2008) will be given.
- The plan briefly mentions a portion of the Aging Network in Kentucky but does not go far enough to describe how all of these organizations coordinate and work together to ensure a comprehensive and coordinated system of long term care (or long term living) both community-based and other, is in place.
- Demographic data was partially included in plan. However, an analysis of what the data means in terms of care for seniors, need for services and potential outcomes if services are available or not made available was not included in the plan. Considering the fact that there is mention that the senior population is growing, discussion about what our State will do to address this matter might be helpful. It is strongly recommended that the Division include more discussion and direction about how the identified goals will be achieved and the affect on the Commonwealth if we do not address the needs of the growing population. Also, redesign of system to meet needs of younger seniors.
- If one of the major responsibilities of State Unit on Aging is to advocate on behalf of it's older adult population then more emphasis and intentional planning should occur in this area.
- What is the plan for supporting training initiatives for Aging Professionals statewide including Division of Aging Services staff. Training is a very important aspect of ensuring the development of a competent system and the provision of quality services. Did not see this addressed.
- Inclusion of goals and objectives that incorporates evidenced-based programs, services and practices is highly recommended.
- There is no apparent plan to explore projections for the future needs of the massive number of Baby Boomers about to reach 60+.

Comments & questions about specific sections:

• The comprehensive discussion about health promotion and disease prevention in Goal 2.2 is very much appreciated. Highly recommended that the Division include an objective that reflects its intent to engage in activities that will facilitate the establishment and provision of evidence-based programs and services in this area. Also, any activities in this area

- that supports working with younger groups to impact lifestyle changes that will promote healthy aging would be beneficial and good planning.
- Priority #2, Goal 2.1.3 Partner with DPH DMHMR and other state agencies to pursue grant funding for HP activities. It is strongly recommended that the Division expand the partnerships to include private industry, and local groups.
- Goal 2.1.7 Promote statewide implementation of Nutrition Screening Initiative.
 - Does this apply to all Nutrition Program for the Elderly projects? Is this to be promoted to the general population in a state-wide campaign? And of course, how will pay for it?
- Goal 2.1.8 Provide technical assistance to members of the aging network. Does this mean that someone will be responsible at the state level, a resource for AAAs to contact for health promotion projects? Will an existing member of DAS staff be assigned this task? What will be their qualifications?
- Goal 2.2.1 Involve the KIA as an advocate voice on issues affecting older persons. Does this mean involving KIA in health related issues or all issues as the sentence would have you believe?
- Goal 2.2.5 Integrate the goals of Healthy People of 2010 into any state initiatives for older adults. Any initiative or just DAS initiatives? How?
- Goal 2.2.6 Serve as a liaison to the Kentucky Senior Games, Inc. It is strongly recommended that the Division include information about the 2007 National Games. Hopefully there is a plan to be involved in this very important event.

We received an e-mail from Caroline Ullery, Planner for Buffalo Trace Area Agency on Aging to correct address change. Mike Robinson, Commissioner for the Department for Community Based Services sent a memo stating that he had reviewed the State Plan and had no comments and, Mr. Pat Wear, II, Commissioner for the Department for Mental Health and Mental Retardation Services stated that his staff had reviewed the plan and was pleased to see the collaborative partnership with Division of Aging Services on several projects. These include:

- Partnering with other agencies to pursue grant funding for health promotion activities;
- Involvement in statewide health promotion planning efforts;
- Participation in the Kentucky Mental Health and Aging Coalition:

- Involvement with the Kentucky Suicide Prevention Planning Group to address the suicide rate among the elderly; and
- The development of consumer directed options within Kentucky Medicaid's home and community-based waiver programs

The public hearing concluded with an expression of appreciation to those who attended and helped advance the review process with their comments. All attendees were promised a copy of the final draft plan upon federal approval.

APPENDIX H

Legislation Enacted by the 2004 Kentucky General Assembly Impacting Seniors and Services to Seniors

Kentucky Personal Care Assistance Program: House Bill 71 increases the penalty for violating handicapped parking rules from a fine of \$20 to \$100 to a fine of \$250. Ninety percent of the funds collected are earmarked to the personal care assistance program

Consumer-Directed Services: House Bill 116 requires that Department for Medicaid Services to develop consumer-directed program options within each of the 1915 (c) Home and Community –Based Waiver programs, including the community-based programs for individuals who are elderly and frail or those with disabilities, individuals with mental retardation or developmental disabilities and individuals with acquired brain injuries. Individuals who participate in the waiver programs will be given a choice to receive nonresidential and non-medical services through a consumer –directed approach or through the traditional provider network.

<u>Long-Term Care Facilities</u>: Senate Bill 189 specifies criminal record checks and hiring requirements for persons with a criminal record for long-term care facilities owned, managed or operated by the Department of Mental Health and Mental Retardation Services.

<u>Nursing Home Beds</u>: House Bill 59 extends the time period for establishing continuing care retirement community nursing home beds from July 31, 2004 to July 31, 2008

<u>Suicide Prevention</u>: Senate Joint Resolution 148 establishes a suicide prevention workgroup within the Commission on Services and Supports for Individuals with Mental Illness, Substance Abuse and Other Drug Disorders and Dual Diagnoses. It further requires that this workgroup develop recommendations and strategies to coordinate efforts and report findings to the full commission by July 1, 2005.

<u>Medicaid Modernization</u>: House Joint Resolution 136 urges the Kentucky Department for Medicaid Services to modernize the Medicaid program through care management, benefit management and technology improvement.

		٠.				
		٠				